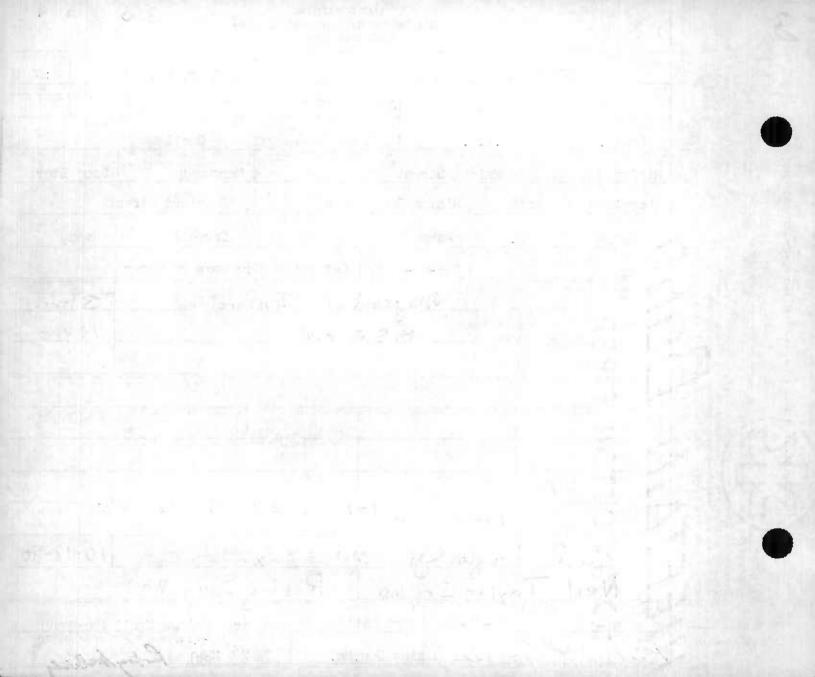
	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL H	YGIENE 8	O REG. N	2	6	0	5	3
23		CEASED NAME OR PRINT)	FIRST		WIDDIE		AST		OF DEATH			YEAR	26 HOU	
oge 3			elen		Alexan				oper .				7:45	
(Rate	3. SE	x Female		4 RACE Whit	i p	5. DATE (6 AGE (IN	YEARS LAST BIRT	(HDAY)	IF UNDE	DAYS	HOURS	24 HRS MIN
S. LAN	2 B	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY	8.		9 BALTIM	ORE CITY O		Y OF DE	ATH		
5, 5	,	Maryland	11.00	U.S.	Α.	MARRIE	DXX NEVER MARRIED L		Cetil					MD
d d	10 €	ITY OR TOWN OF DE.	ATH	11. NAME OF			OR OTHER INSTITUTION		L OCCUPATI			KIND OI USTRY	BUSINE	SSOR
Filed C		Rising Sun		119 Co	oper St.				ewife	T WORKING E		Reti	red	
must be	130_5	AL RESIDENCE (IF NUR STATE Bryland	136 COUN	VIY	GIVE RESIDENCE BEFO	VN	13d INSIDE CITY LIMITS?	13e STREE	T ADDRESS	evis	T.			
2 sh	_	ATHER'S NAME					IS MOTHER'S MAIDEN N		THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		4			
ond 2		Henry	,	Burkins	LAST		Maroaret		Shadi	В		Alex	ande	r
dicol	16a_V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17_INFORMANT		ADDRE					
P E	,	No	(# 123, 0112	T TAN ON DAILS,	212-16-	1994	Norman I.	Alexar	der 1	19 Co	oper	St.	Risi	ng .
vol.		18 CAUSE OF DEAT	H Enter on	ly one couse per	lige far (o), (b), a	nd ic.		7	-7		В	APPROXI ETWEEN C	NATE INTER	VAL DEATH
eme	31	PART I. DEATH V	IMMEDIAT		UDDEN	164	RDIAC 1	109/	7.					
corb corb or r		4292	2	DUE TO, O	R AS A CONSEQU	JENCE OF								
phian		Conditions, if any gove rise to im		(b)_	HSC	00								
ase rem II, cremi ather t		cause 101, station	ng the	DUE TO, O	r as a consequ	JENCE OF				36				
burio burio ury, ai	7	PART 2 OTHER SIG	NIFICANT O	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE OR CON	DITION GI	IVEN IN F	PART 1ra	,	
in. The	E	1193	170	med.	1700,	(0	n Cettore ho	0 A.	19.1	une	C VA/EDE	FINIDA	Callera	
ne prio	CERTIFICATION	190 DATE OF OPERA	TION	195 COND	ITION FOR WHICE	OPERATIO	N WAS PERFORMED		TOPSY?	IN CERT	IFYING C	AUSES	OF DEAT	H?
	E	21a. ACCIDENT WAS UN	DERLYING F	7 216 TIME O	F IN IIIRY	_	21¢ HOW INJURY OCCU	YES []	NO	_1	ES D	PART 2)	NO [
the burial-transit and Mental Hygie ced or Item 18 sha		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH D		1	NAED (ENIER)	TATURE OF INJU	AT IN THEM 10,	, CARLLOR			
Mental Americal	MEDICAL	(IF EITHER, NOTIFY MEDIC		P.: 21e PLACE		19	21f. LOCATION							
and bnd ked	A	WHILE NOT W	HILE	(AT HOME, STE	REET, FACTORY, OFFICE.	FARM, ETC.)	STREET		CITY OR TOV	WN g	COU	INTY	ST	ATE
Se as solth morl		270 I certify that (II		tall attended th	e deceased fram.		19	0_10_	19/1.	5/80	. 19		hat (I) Tu	me Last
TOR for u		saw the deceas	ed alive an		19_		nd that in (my) (are apinio	an death accur	red an the d	ate and ha	or and fr	rom the o	ouses sta	ted
DIRECTOR DIRECTOR Dispersion of them of the th		225 SIGNATURE	Jana no	1Ch body	prier death.		DEGREE				22	c. DATE S	ISNED	/
AL Di letoch ite De		1 des	1-1	hor	21	m.	ATTENDING PHYSICIAN	MEDICA	R PHYSIC	FF CIAN []		10/	17/0	5
FUNERAL old be det to the State ORTANT:		220 PHYSICIAN'S N	AME (TYPE O	PR PRINT)	1		22e ADDRESS	h	_					
should be deto		Rober	rTh	. 60	94	35. 4	PIKTON	Med	lical	L to	art	x /	-1K	TON
™ 3 ₹ 1	230 (BURIAL, CREMATION					EMETERY OR CREMATOR	Y 23d. LOC	CATION		COUNTY		gra	ne e
- 1		Buria	-	10-18	-80 E	rookv	iew Cemetery	Risi		1 Co	Gil.	Man	198	-
50M 1/76	24. F	UNREAGENESSES	m	10.	Rising	Sup	Mcl 250. D		REGISTRAR	Rest	-1	2/2	THE T	
(4))	1.	14/11/4	Jus	can	MIDILI	Juli,	U U	1421	JOU		1	-04	7	*:

		FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL I ICATE OF DEATH	YGIEN B	REG. NO.	60 5	5 4
me .		EASED NAME	FIRST		WIDDLE		LAST	20 DATE C	F DEATH MONTH	DAY YEAR	26 HOUR
1			Clarer		William		Ashby		ober 16,1		8:00 8
(M)	3 SEX	Male		4 RACE White	3	Janu	ary 12 1894	6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
W. W.		THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR COU	NTY OF DEATH	
11 10		Penna.	1-53	U.S./		WIDOW	DIVORCED		Cecil	20 27	MD.
by the t	Ri	YORTOWN OF DEA		18 Walr	CHEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		OCCUPATION RK FOR MOST OF WORKIN Hant		Store
out the day	13a ST	RESIDENCE (IF NURS ATE aryland	13b COUN	ITY	GIVE RESIDENCE BEFOR	/N	138 INSIDE CITY LIMITS	? 13e STREET	Walnut St	reet	
completely 1 and 2 st	14 FAT	HER'S NAME FIRST GEOTOE		MIDDLE	Ashby		15 MOTHER'S MAIDEN FIRST Annie		rrol1	Ashi	ī
ond con	160 W.	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		7
emoval.	IYE	S, NO OR UNKNOWN)	I IF YES, GIVE	WAR OR DATES)	219-10-	8379	Catherine	Kirk sa	me as abo	ve	
signed by the concentry of the please remove carbon to burial, cremotion, or remove, or certifucy, or other troumotic events.		Conditions, if ony, gove rise to improve the impr	mediate ng the lost	(b)	R AS A CONSEQUE	ENCE OF	C. Y. D.	erminal disea	se or condition	GIVEN IN PART 110	yrs.
been prior any ir	CERTIFICATION	90 DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY? 20b. IF	YES, WERE FINDIN RTIFYING CAUSES YES []	IGS USED OF DEATH?
is certificate has burial-transit per Mental Hygiene or Item 18 shaws		21g. ACCIDENT WAS UNIT	CAUSE OF DEA	TH HOUR A	DE INJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCC				
se as the bur afth and Me marked ar It	ME	WHILE NOT WAT WORK	HILE [21e PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	1 100	CITY OR TOWN	COUNTY	STATE
for us of He 21 is		22a. I certify that (1) sow the decease above, (1) (we) (ed olive on	10-	16 19	0.	nd that in (my) (our) apin	on death occurr	od on the date and		that (I) (we) last causes stated
AL DI te De te T: If It		22b. SIGNATURE	2	Faw .	100 Cm		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	22c. DATE	SIGNED 18-80
etoined by the TO FUNERAL should be detown the State MAPORTANT:		Vei	AME (TYPE OF	e PRINT)	- Jr.	MD	220. ADDRESS	na S	on, Md		
e or short	23a. BU	JRIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF	EMETERY OR CREMATOR	RY 3d. LOC	ATION	COUNTY	STATE
3P		Burial		10-1	0-80 We	st No	ttingham Cer		Colora Ca		
- 16 50M 1/76 R A 15 (4))	24. FUI	NERAL DIRECTOR	101	0 1	ADDRESS RISIT		250	DATE REC'D. BY	REGISTRAR 25b. REG	ISTRAR'S SIGNATI	URE



	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 0 2	60	5
		CEASED NAME	FIRST YEST A	M	TA		AST	20 DATE OF DEATH MONTH	DAY YEAR	26. HC
			EVA		E	ELYA		Oct. 4, 1980		11.
	3 SE	Female		4 RACE Whit	te	5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 86 Years YRS.	MONTHS DAYS	HOURS
75		RTHPLACE (STATE O		U.S.	VHAT COUNTRY?	MARRIEI WIDOWE	DI NEVER MARRIED DI DIVORCED D	Gecil,	Y OF DEATH	
101		TY OR TOWN OF D	DEATH	_(IF NQT IN SUCH	OSPITAL, NURSIN LFACILITY, GIVE STREET HOSPITAL	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L HOUSEWOPK	IZE KIND (INDUSTRY HOM	
3E	130	AL RESIDENCE (IFN STATE Varyland	1136 COUN	ITY _	ove residence before 13c. CITY OR TOW Northeas	N		Is STREET ADDRESS Red Point, No	rtheast	. Má
570	14 F/	ATHER'S NAME FIRST Thomas		MIDDLE	Rineer	18	15 MOTHER'S MAIDEN NA FIRST Florence	ME MIDDLE	Not k	ST
1		VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	161-50-		17 INFORMANT	ADDRESS Ebelhar, Northea	2190	1
	CERTIFICATION	gove rise to i cause (a), sta underlying cau	DUE TO, OR AS A CONSEQUENCE OF Ones, if ony, which rise to immediate (a), stating the (a) couse lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO							NGS US
2	RTIFIC						N WAS PERFORMED	YES NO Y	FYING CAUSES	NO NO
9		21a, ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEA		A. MONTH DA	Y YEAR	71c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)	
	MEDICAL	214. INJURY OCCU	WHILE WORK	21a PLACE O (AT HOME, STREE	OF INJURY ET, FACTORY, OFFICE, F.	ARM, ETC]	211 LOCATION STREET	CITY OR TOWN	COUNTY	
		220.1 certify that		of tended the		ept.	d that in (my) (aur) apinian	, to OCt . 4 . death occurred an the date and ha		that X
		22h SIGNATURE	11001		Brano	lses	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	/ 22c. DATE	SIGNE
1		22d PHYSICIANS		Brandi	•		22R ADDRESS	ital, Elkton, M	aryland	
	23a. (BURIAL, CREMATIO SPECIFY) Buria		23b. DATE Oct. 7.			EMETERY OF CREMATORY	1334 LOCATION CITYORTOWN Honey Brook T	county win Che	ster
M //79	(BURIAL, CREMATIO	N. REMOVAL	73b. DATE	1980 St	. Mar	EMETERY OF CREMATORY Les Episcopal	1334 LOCATION CITY OF TOWN HONEY Brook T EREC'D. BY REGISTRAR 331 BEGIS	cou	o Che

May - good a fact of the part of the part is the part in the part DEED 8 TOU

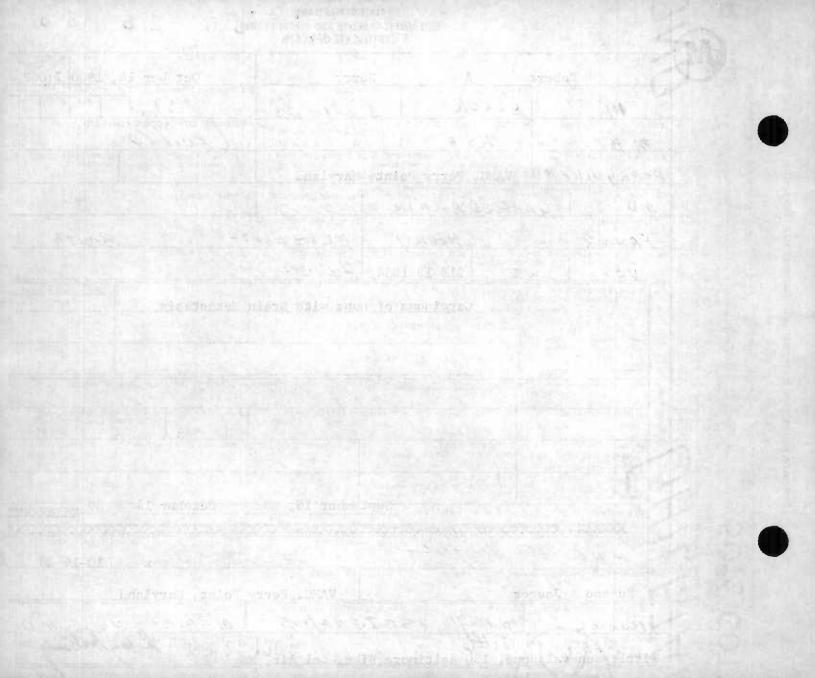
	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH	-
_		

2 2000 and

1.	STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENES U). D.		3 0
	CEASED NAME	FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
		Robert	A	Ве	rry	Octo	ber 14	4, 1980	0 7:06P
3. SE	X	1	RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	.10)	12.1	BLACK	MONTH 3	DAY YEAR	5	7 YRS.	ONTHS DAYS	HOURS MIN.
Ze BI	RTHPLACE (STATE	OR FOREIGN 71	. CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY O		OF DEATH	
P	OUNTRY)	145 1 17	215 A	WIDOWE	NEVER MARRIED	(KO)	100		
10 CI	ITY OR TOWN OF		1. NAME OF HOSPITAL, NURSI	NG HOME C		120. USUAL OCCUPATION			OF BUSINESS O
D	ERRYUI	11- mD	VAMC. Perry P		Maruland	(TYPE OF WORK FOR MOST O	WORKING LIFE	INDUSTRY	
USU	AL RESIDENCE LIFE	JURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		1			
	MU	13h COUNT			134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	THER'S NAME	14.14	RFORE BELLI	10	15 MOTHER'S MAIDEN NA	AMÉ			
	FIRST	MI	DDLE LAST		FIRST	MIDDLE		Smi	IST /
/	VAS DECEASED EN	(CD IN) 11 C A DAA	BERR ED FORCES? 166 SOCIAL SEG	LIDITY NO	ELIZA6	ADDRE	ce	Smi	77
100 V	YES, NO OR UNKNOWN	(IF YES, GIVE W	VAR OR DATES)			ADDRE	33		
	162	WW	五 218 18	1854	HELEN				
	18 CAUSE OF DE	ATH (Enter only	one couse per line for (a), (b), a	nd (c).)			2011	BETWEEN	MATE INTERVAL
	PART L DEAT	WAS CAUSED	CAUSE (o) Carcinom	a of I	ung with Bra	in Matactaci	e	-	
	11 4 4	IMMEDIATE	CAUSE (0)			2.1. 1.10 0 0 0 0 0 0 0 0			
16.1	1629	/	DUE TO, OR AS A CONSEQU	JENCE OF				10000	
	Conditions, if	nv. which	(b)						
	gove rise to	immediate	(0)		-				
NO.		ofing the	DUE TO, OR AS A CONSEQU	JENCE OF					
	underlying co	use lost.	(c)				-11-22		
NO	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVE	N IN PART 1	(a)
CERTIFICATION	190 DATE OF OPE	RATION	. 196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES		INGS USED S OF DEATH?
OK .	21a, ACCIDENT WAS	UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUP				
	OR CONTRIBUTING			AY YEAR	33 3300			(0.17081 2)	
MEDICAL	(IF EITHER, NOTIFY M		P.M.	19				N. C.	
EDI	21d. INJURY OCC	URRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211. LOCATION STREET	CITY OR TOW	0.1	COUNTY	STATE
×	WHILE NO	WORK	(AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.)	SINCE	CITORION	IN .	COUNTY	SIAIE
			I) attended the deceased from,	Sept	ember 10, 80	Octobe	r 14,	80	PARTE SERVICES
10	something that	(I) (Inis nospilo			- 17 - 17 - 19 - 19 - 19 - 19 - 19 - 19	dooth occurred and had	to cool bour	and from the	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	oto W. A.A.		CHAME BOOK SHEET BEEN XXX		XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXX		
200	226. SIGNATURE	//	1/2 -2/1		DEGREE			22c. DATE	SIGNED
800	> uger	no or	- pregre		ATTENDING	MEDICAL STAF		10	14-80
-74	22d PHYSICIAN'S	NAME (TYPE OR P	PALICE		22e ADDRESS	_ DIRECTOR _ PHTSIC	IVIA 851	1 10-	14-00
1-3	Eugene	A Jaege	er		VAMC, Per	ry Point, Ma	ryland	1	
23a. B	BURIAL, CREMATIC	N, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
- (:	BURIA		10-18-80	3+ T.	GNATIUS	BECKION		40	mi
24 5:			2.111			100		ABIC COLLA	mot .
1	NAME DIRECTO	not w	Title ADDRESS		2500	L 2 2 1980	DE BOIS P	1	The old
T	ittle Fu	nedal Ho	ome, 130 Baltim	ore Pi	ke, Bel Air.	Md 2 1300		/	1
-									

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



COL 1 The Cartest of the Ca TOTAL TOTAL Sai 'i Kai f , , o -- T.E.) E TE C. -- '(, , or It III & ELL The state of the s J'IITE

the second of th A COLUMN TO THE TENER OF THE PROPERTY OF THE P the district of the second of The Standay of the Standay

		FOR	D.C. A. D.T.	STATE OF MARYLAND		01010
M/	1 -	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	20000
WA)	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	
A.		OR PRINT)		2001	20. DATE OF DEATH	MONTH DAY YEAR 2b. HOUR
		ALONZO 1	CROWE		2.8	10 30 80 6:10
3.00	3 SE:	(RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
		m	White	11 28 14	65	YRS.
00			& CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY O	R COUNTY OF DEATH
olonce	111	OUNTRY]	USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	Ce	ecil
	10. C		1. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON 12b. KIND OF BUSINESS OR
01		ELKTON	(IF NOT IN SUCH FACILITY, GIVE STREET	TAL	Retired-	Eleton jas Company
01	13a S	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) (N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
己と		MD CE	4	YES IL NO	150 € ME	TINST
-	14 FA	THER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN NA	MAE	
070		No into	IDDLE LAST	No. FIRST Int	O. MIDDLE	LAST
		VAS DECEASED EVER IN U.S. ARM			ADDRE	SS
medico	()	(IF YES, GIVE V	WAR OR DATES) 234-10	6810 hary T. (rou	ve. 150 €. (in	in St., Elkton, Ad.
					, , a	
	13	PART I. DEATH WAS CAUSED	one couse per line for (o), (b), on BY:	d (c1.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-		IMMEDIATE	CAUSE (0) Aute M. I			
non	2	486	DUE TO, OR AS A CONSEOU			
0		Conditions, if any, which gove rise to immediate	(16) Autt Co	jedul haut tam	m,	
heri		couse (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF		
r of		underlying couse lost.	(c) Blaven	america.	ASHD Emi	ysenes
lury,	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEAW BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN PART 1(6)
ony inju	CERTIFICATION	19a DATE OF OPERATION	TIPL CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
0 5	FIC.	THE DATE OF OPERATION	178 CONDITION FOR WHICH	OFERATION WAS FERFORMED		IN CERTIFYING CAUSES OF DEATH?
Suo Suo	RTI				YES NO	YES NO
Cof		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D.	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
1	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
	2	WHILE NOT WHILE AT WORK				
		22a. I certify that (I) (this hospita	ol) ottended the deceosed from_	12/20 19	2 10	30 19 80 , that (1) we) lost
		sow the deceased alive on obove. (I) (we) did (did not)	10/30 19	ond that ir (m) (our) opinion	death occurred on the do	te and hour and from the causes stated
		22b. SIGNATURE	view the body offer death	DEGREE		22c, DATE SIGNED
		Au rit	Man	HO ATTENDING	MEDICAL STAF	4
-		22d. PHYSICIAN'S NAME (TYPE OR	PRINTI	220 ADDRESS	DIRECTOR PHYSIC	IAN
J J		TOSCULL	P. A. A.	223 West	meil ct	6000in Md 21921
-1		DUI-CHIN H	NZ.			- TIO - 11-1
	23a. B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
-		Burial	11-3-80 Ba	ulden (hapel (em.	Elpton	Cocil M
3	24. FL	INERAL DIRECTOR (SE EL)	ALL AND E ADDRESS A		E REC'D. BY REGISTRAR	256. BEGISTRAR'S SIGNATURE
		and a		Elkton Ad NO	V 6 1980	

A PER SERVICE CONTRACTOR OF THE Chester of the second of action to the second of the event, the medical exam

injury, or other troumatic

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0001
	CEASED NAME FIRST E OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3 SE	SUSTE	UARD 4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
			MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
-	Female	White	3201890	TK3	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
	Md.	U.S.A.	WIDOWED DIVORCED	□ CECIL	MD.
	kton R.D.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 1034 Warburton		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE RE	
	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN CECI	ITY 13c, CITY OR TO	WN _ 113d. INSIDE CITY LIMIT	32 SIREE ADDRESS 1034Warburton	
14. F.	ATHER'S NAME FIRST James	MIDDLE LAST	15. MOTHER'S MAIDEN	N AME MIDDLE	Alexander
	WAS DECEASED EVER IN U.S. AR			ADDRESS	WASHING THE
	(YES, NOOD UNKNOWN) (IF YES, GIV	217-20-8	3970 Elizabeth	Dillman (Daughter) Same Address
	PART I. DEATH WAS CAUSE	y one couse per line for (o), (b), c D BY: E CAUSE (o) DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	STATIC POORLY	ESTOSILMOID	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH S 3 YEARS
NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	terminal disease or condition G	IVEN IN PART 1(0)
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER		PAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 1	B PART I OR PART 2}
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY OF ACE	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceosed olive on above (1) we) (did) (did no	tol) oftended the deceosed from 19.	80, and that in (my) (our) opin	nion death occurred on the date and h	
	22b. SIGNATURE	Marrella	MD ATTENDIN PHYSICIA		10-1-80

IMPORTANT: If Hem 21 is marked or Item 18 shows or

FOR

22e ADDRES 3

Friends

AUE NOVIA EAST

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 23b. DATE 10-4-80

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION vert Cal

TO BATE REGED.

COUNTY

STATE

BP

Rising Sun, Md.

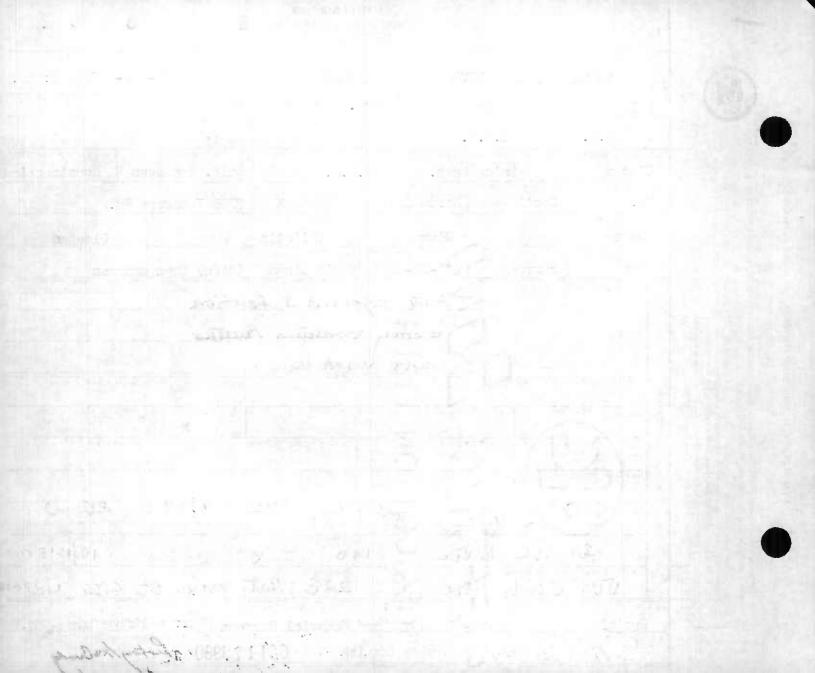
ecil

DHMH-16 30M 2/80 (VRA 15, 4)

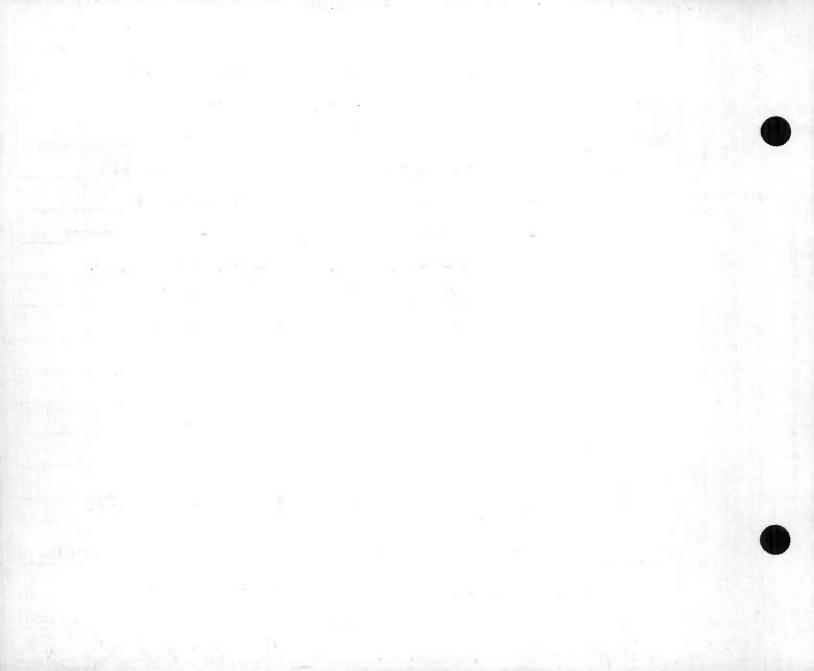
Maryella Mo - - Assessment

	1.	REGISTRAR				CERTII	ICATE OF DEATH	REG. N	40		
		CEASED NAME	FIRST		MIDDLE	407	LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
		THOMAS	3	BF	RYANT		DIXON		10- 13	- 1980	2:05PM
)	3. SE	Х		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
1		Male		White		Sep	t. 1° 1929	51	YRS.	NONIHS DATS	HOURS MIN
-6/7		IRTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	4 = 4
3		N.C.		U.S.A		WIDOWI		□ Cecil			MD
Jan	E	ITY OR TOWN OF DEA		Union	HOSD.	D D	D.A.	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Self. Emp	rion of working life loyed	E) INDUSTRY	Structio
od iso	13a	AL RESIDENCE (IF HURS	Cec	OTHER INSTITUTION	130 CITY OR TOWN	ADMISSION)	134 INSIDE CITY LIMITS	? 13° STREET ADDRESS 2305 Theo	dore R	ld.	
The The	14 F.	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	MIDDLE		LAS	ST.
8/0		Dewey			Dixon		Vilinti	e		Blevi	
dica	160	WAS DECEASED EVER YES, NO OR UNKNOWN)	I HE YES, GIVE	WAR OR DATES	166. SOCIAL SECU		17 INFORMANT	ADDR	ESS		145-20
medie		Yes	xKoi	rean	212-30-4	+330	Viola Dixon	(Wife) Sa	me add		
t, #	7	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), and	die				BET WEEN	IMATE INTERVAL ONSET AND DEATH
ven		PART I. DEATH W		TE CAUSE (o)	Acute	my/	ocard In	faction			
or re		SEAM			R AS A CONSEQUE	NCEOF		1			
omo		Conditions, if ony,	which	(E ell		D'alottes	meeters.			
r tro		gove rise to imp	nediote)	C. A. C. J. C.						
othe		underlying couse		DUE 10, O	R AS A CONSEQUE		une descri				
ö		PART 2 OTHER SIGN	VIEICANT (NOT BELATED TO THE TE	ERMINAL DISEASE OR COM	IDITION CIV	ENLINI DADT 1/2	-1
njuny	Z	I ANN E GALLAGIO	THE CALL	CONDINONS CO	OTVINIDOTIVO TO E	ZEAIII DOI	NOT RELATED TO THE TE	ENMINAL DISEASE ON COI	ADITION GIVE	EIN HAT AKT TIC	
À /	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
8-1	I E							YES NO		YING CAUSES	OF DEATH?
ê Z	1 2	21a. ACCIDENT WAS UNI	DERLYING T		F INJURY		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJ			
or Item 18 st		OR CONTRIBUTING			M. MONTH DA						
or He	MEDICAL	(IF EITHER, NOTIFY MEDIC			M. OF INJURY	19	211. LOCATION				
5	A A	WHILE TO NOT W	HILE [REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO	IWN	COUNTY	STATE
)		AT WORK - AT WO	ORK —			.0	4 10 7	2 9/5	7	00	
		220 I certify that (I)			e deceosed from	20.	(3)	ion death occurred on the	data and beau	rand from the	tho (we) lost
1 2 1 2 1		sow the decease above (1) ve) (c	did (did no	view the body	ofter death.			on death accurred on the i	Joie ona nour		
		226. SIGNATURE	7.4	- 10/	1.		DEGREE	C. A AMEDICAL STA	AFF	22c DATE	
		Acre	- 10		en.		*	MEDICAL STA	CIAN	101	12/80
1		226 PHYSICIAN'S NA	AME (TYPE O	RPRINT			22e ADDRESS	-			
/		UVI	Ch	in H	SU		223 WE	st man	SC	Ella	Md 219
	23a.	BURIAL, CREMATION,	REMOVAL	236 DATE	23c. N	IAME OF C	EMETERY OR CREMATOR	RY 23d. LOCATION		COUNTY	57475
		Burial		10-16	-an Ha	rfnr	d Memorial G			Harford	d man Md.
5	24. F	UNERAL DIRECTOR	m	111			250 C	DATE REC'D. BY REGISTRAL		RAR'S SIGNAT	URE
		7 MANNE / / -/	1/11	llen	Rising	Sun.	Md. Of	T 1 7 1980	tiota	has.	-4
		12 11	ful			,	00	1 .000			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



ELKTON.



AND STATE OF THE S ragg ball go r The state of the s A Comment of the Comm Markey To the College of the State of the College o The state of the same of the s

	,	-	2	9 1
Lan	6	(1)	0	24

	1-	STATE REGISTRAR			DEPAI		ICATE OF DEATH	. HYGIEI	REG. NO	Cun C	0 0 0	2 5	
1	1. DEC	CEASED NAME	FIRST	A	MIDDLE	L	AST	2		MONTH	DAY YEAR	2b. HOUR	
	11176	_	esse			GAR	DNER		October 9		1980	1:20A M	
	3. SEX			4 RACE		5 DATE C	F BIRTH		AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Male		White		June			64	YRS	MONTHS DAYS	HOURS MIN	
7.	7a. 81	RTHPLACE STATE OR FO	DREIGN	76 CITIZEN OF		RY? 8	NEVER MARRIED	9	BALTIMORE CITY O	R COUN	TY OF DEATH		
10		N.C.		U	SA	WIDOWE			Perry Poi	nt,	Cecil Co	ounty MD.	
23	Per	ry Point,	MD	VA ME	edical C	Center	R OTHER INSTITUTION	0	24 USUAL OCCUPATION OF WORK FOR MOST OF Sand Blast	F WORKING		Mfg.	
35	13a. S	AL RESIDENCE (IF NURS STATE Md •	13b COUN Ceci	IIA	GIVE RESIDENCE BEI	FORE ADMISSION) DWN East	13d INSIDE CITY LIMITS		9 Roney A	ve ·			
70	14 FA	THER'S NAME	k Gar	dner	LAST		Iottie I		WIDDLE		LA	ST	
		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRE				
		yes	WW I	WAR OR DATES)	238 03	5489	Ellen L Ga	ardn	er	Nort	h East,	Md.	
		18 CAUSE OF DEAT PART I. DEATH W	'AS CAUSE	E CAUSE (0)		io-Respo	oratory Arr	est			BETWEEN	MATE INTERVAL ONSET AND DEATH	
		Conditions, if ony,		(b)_	Lung	Cancer							
	30	gove rise to immore couse (o), statut	g the	DUE TO, OF	R AS A CONSEC	DUENCE OF					GO TO STATE		
	37	underlying couse	lost.	(c)	Chronic Obstructive Pulmonary Disease							A TORK	
	NO					O DEATH BUT	NOT RELATED TO THE T	TERMIN.	AL DISEASE OR CON	DITION G	GIVEN IN PART 1	01	
1	CERTIFICATION	196 DATE OF OPERA		nson Dis		CH OPERATION	N WAS PERFORMED		20a. AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO				
q		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	ŽIc. HOW INJURY OC	CURREC		RY IN ITEM 18	8, PART 1 OR PART 2)		
-	MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK TO NOT WE	HILE [21e PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE	
		220.1 certify that (1) sow the decease above, (1) (we) (a	ed alive on	Octo	her 9 19	1980 on	d that in (my) (our) opin	80 inion dec	to Octo				
		22b. SIGNATURE	in	d.	lain			MEDICAL STAF DIRECTOR TPHYSIC	IAN G	22c DATE	9 80		
1		224 PHYSICIAN'S NA			MD		VA Medical	Co	atom Dorm	Post.	at MD		
	73n B	BURIAL, CREMATION.		KIM 23b. DATE		3c NAME OF C	EMETERY OR CREMATO		1234 LOCATION				
	(1	Burial	- C	10-11-			ttingham		Colora		cil	Md STATE	
	24 FU	JNERAL DIRECTOR	law	UNI	NO ADDRESS	en	25a	DATE R	ec'd. by registrar	25b. FIT 1	April 1980	bready	
	C	rouch Fund	eral H	Homes, N		st. MD		UUI	7 0 1300	1.76	1	1	

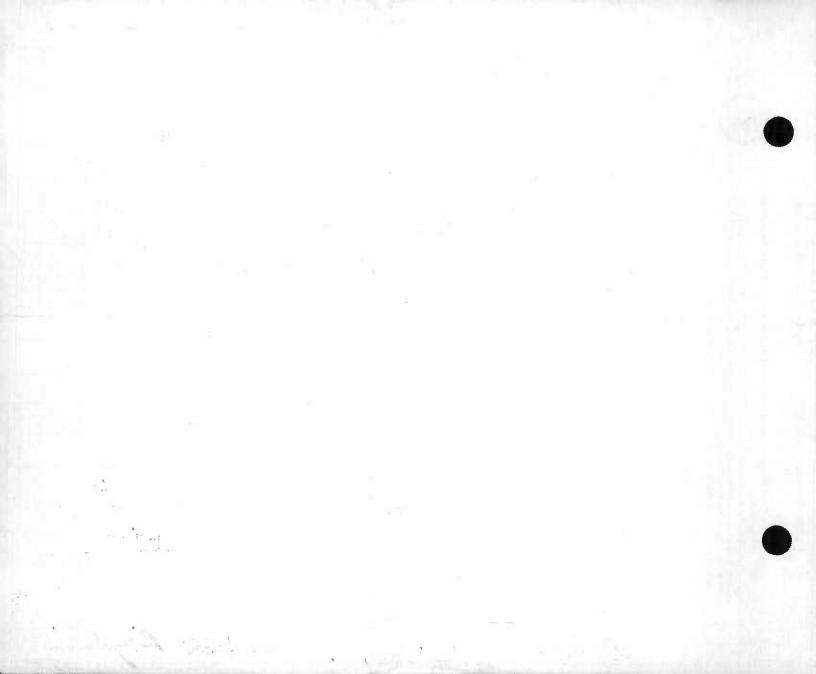
DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Tri Deel 9 sundatan		MO	5081	April 1
140 L	301 (et s	ent (5021	ofall
Perry Point, Oudil County	X September 1		BU BECOMMENT	.0.11
ermo Blacter Lute Mrg		resnew lanks	all AV	nrry Point.
eva yeden v	X	Jana ditak	Cecil	. 101
	Aştınd		toltagio z	มหรื เกิดเกิด
unt Horth East, Fit.	rep J selig	east confict	1.	100
	orst exorero	Cardio-Rone		
		Luga Cancer		
sendar Atom	Life Soldane	Circonta Obac		
			ald mast an	
flectoper 9 30	05. L.Jnb	Complete Complete	0350-	
				1801.

K		1-	STATE REGISTRAR			MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
		I DE	CEASED NAM	E	FIRST		MIDDLE			LAST			REG. N	MONTH	DAY	YEAR	ar HOUD
			PE OR PRINT)		Edgar		M.		TT.				L E311-	_ ^		-53494	2b. HOUR
	SSARY, PLEASE RAL, DIRECTOR. OUR FILES. HIS 22 HOURS. ESTON STREET,	2.65						14 405		mm			ATH MATED [,80	1,3 GM
	SEC HO SER	3. SE	1	4. RACE). I	DATE OF BIR	AY YEAR	6. AGE (IN YE			IF UNDER 2		OUNCED	MONTH	DAY	YEAR	26. HOUR
	ARY O'D' KY		ale	White			2 04		RS.			D	EAD	10		,80	M
	ESS.	7a. B	RTHPLACE (S	STATE OR	7b.	CITIZEN OF	WHAT COU	ITRY?	8. MARR	ED A NEV	ER MARRIEI	9. BAI	TIMORE CITY	OR COUN	TY OF DE	ATH	
	H-24-34	No	orth Ca	rolin	a	Unite	ed Sta	tes	WIDOW	40400	DIVORCE		Cecil				MD.
	SHRE-//	1D. C	ITY OR TOWN	OF DEATH	11.	NAME OF H	IOSPITAL, NU	RSING HOM	E, OR OTH	ER INSTITUT	ION		CUPATION (TY	PE OF WORK	12b. KIND	OF BUS	INESS
	DELAY IS NO THE NO PAGE BE FILE!	E	lkton,	Maryl	and	Union	Hospi	tal of	Ceci	1 Co.			WORKING LIFE)	20016	mush	NDUSTRY	
	S T E	USU	AL RESIDENCE	(IF IN NURSING	S HOME OR OT		, GIVE RESIDENCE	BEFORE ADMISS						KAIIS	Tillusti	TOOL	12
201	AND 3 T AND 3 T RETAIN HOULD B RECORDS		Maryla		COUNTY		13c. CITY	ORTOWN		13d. INSIDE CIT		3e. STREET AD		Lance			
2120	- 2,50,00	_	ATHER'S NAM		ACCTT.		J. J.	LKVOII			NO 🔀		ashwood	Lane	,		
MD.	PPM STA	14. 17	FIRST		M	DDIE		LAST		Fil	R'S MAIDEN		MIDDLE		LAS	ST T	
			Ambro	se			Hann			Eli	zabet.	h			urley		
MO	WAO Z	16a. V	VAS DECEASE	DEVER IN (J.S. ARMED res, give war	OR DATES)	_	CIAL SECURIT	Y NO.	17. INFORM	ANT		ADDRES	S			
BALTIMORE,	URS AFT B. GIVE WITH F. V. PAGES DIVISION		yes	. 1	924-2	74)	221	-03-88	57	Vir	rginia	L Ham	n same	as a	bove	(Wif	(e)
;							line far (a)), and (c).),			,			-18 9	AFFE	OXIMATE I	HITERVAL
TST	N 24 HO LITEM 1 ALONG PERMI' YGIENE,	100	PARITO	EATH WAS	WEDIATE C		10	andi	10	20115	1				5	mi	
Ď.	0		141	229			OR AS A COL	SEQUENCE	OF	Cherry		14.75			-	100	
PRESTON	WITHIN AMINER A AMINER A TRANSIT ENTAL HY			ns, if any,		1	4	151	11						5	-	2
× ×	TRA TRA	20	cause (a	se ta imn) stating the		DUE TO	OR AS A CON	SEQUENCE	OF	1	,				-	YEU	-
301 V	OR OR		lying car	use last.	151	(c)	Gim	110	-	4nd	Vilna	0.000	(2)		16	1.11	. 2
	"PENDING" IN FER MEDICAL EF MEDICAL EST AS A BURI HEALTH AND CREMATION, C		PART 2 OTHER S	IGNIFICANT CON	DITIONS CONT	RIBUTING TO DE	ATH BUT NOT REL	TED TO THE TERM	AINAL DISEASI	DR CONDITION	GIVEN IN PART	1 (0).	1		,	700	the same
RECORDS,	ULD BE E	CERTIFICATION	0) 1110	0-1	Pin.	11.1	7.110 3	1.	11. 11	//	cein.	f. 1 11	1. 1	10		
2	HIEF A USED OF HEAL	.¥	19a. DATE OF	OPERATIO	14	MI CON	DITION FOR	WHICH OF	ATION W	ASPERPORA	MED?	64/45	at w	er /	20. AU	TOP5Y?	
OFVITAL	R. THIS CERTIFICATE SHOU TE, WRITING THE WORD "I RWARDED TO THE CHIEF THE AGE 3 SHOULD BE USE STATE CEPARTMENT OF H 21201 PRIOR TO BURRAL, CI	IFIC				3000				/	(1	VE	0	No lot
7	N H N H N H N H N H N H N H N H N H N H	E .	210 EXTERN	AL CAUSE V	VAS		QF INJURY		21c. HC	W INJURY)	OCCURRED	LENTER NATURE	OF INJURY IN ITEM 18	PART I OR PA		7	11024
0 2	S M C M C M C M C M C M C M C M C M C M	ALC	UNDERLYING		SE OF DEAT	1	M MONTH	/ _ 1-3	R	2/ //	n 1	no		- 1	40 1	apel	25
DIVISION	SHC SHC	MEDICAL	21d. INJURY		SE OF DEA	1.7.7	E OF INJURY	G 19 X	2 Tf. LO	ATION	160	Willy 1	Calelle	48 6	2000	14	4
No.	S CE STIN SDEL SDEL B B B B B B B B B B B B B B B B B B B	ME	WHILE	NOT WH		STREET,	ACTORY, FARM, E			TREET	,	(8000	OR TOWN	/ 00	YTAU		STATE
Barrier.	R: THIS C TE, WRIT DRWARD DRWARD E: PAGE STATE I		AT WORK	AT WORK		1/2	my.		12/	1000	Musical	1 Tax	1 5060	y (140		44
	INER: ICATE, FOR: THE SIND, 21		22a. I cert	fy that I taa	k charge of	the remains	described abo	ive, held an	Autap	у 🔲,	Inspection	X. Inqu	uiry X, a	nd in my ap	pinian		7-
MINE -	ANT TO THE WAY		death result	ed fram:	Naturalco	auses X.	Accident	☐, Su	icide .	Hamici	de .	Undetermine	d manner .				
	EXAM CERTIF JUD BE DIREC WITH ARYLA			//	1/1	-1	1	-,		TITLE/(SP	ECIFYV						
	ICAL EXAMIN THE CERTIFIC SHOULD BE ERAL DIRECT EATH, WITH T		ACTUAL SIGNATURE	1	28/10	-1/7	Quin	ulu	M	p. den	utdi.	_MEDICAL E	VAMINED	DATE	n/m	11/1	3
Other	SH SH			1	750		1	(4)		700	14	-MEDICALE.	AMMINER	310146	1	110	
	MED CUTI SE 4 FUN TIMO		EXAMINER'S (TYPE OR PRI	NAME NT)	BT.	ERO)	TAVA	AKI'	2	ADDRESS	1//	A CHE A	Mno	MINTE	21-F	LOTA	1/11/
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DESTRUCTOR: BALTIMORE, MARYLAND, 2	23a. B	URIAL CREMA		OVAL 23b. D	DATE	230	NAME OF CE			RY	23d. LOCATIO	ON	11111	de la la	AL TO	
		{5	SPECIFY)		45	/13/80					75-41	CITY OR TOWN	4	cou		STAT	
	BP	74. FI	Bur La I	TOR		13/80	I Pe	nn Hil	I. Bui	ying	Ground So. DATE RE	C'D. BY REGIS		STRAR		Per	nna.
	DHMH - 17 (VR A15 ME (5))		Track	40	2 .84	S Bios	255				DCT 1	5 1980	prof	MA	Change	Sale:	
	15M 7/77	- M	ICKS IN	MME. TO	T FUN	ENATS	EIKTO	IN MD			0017	9 1000		/	. 4.4		

10 09 80 //	70	.4	ZAGIOL	
OB 80 01		12 01 75		sini
11067			ardIozal	dividi.
and the second section.	.00 flog0	to Intiguos at	oked Lington .	and fr
and second to the		1.0		
that were a per call de		40.2	72:-27	
14.5		7.35		
		122		
	and the	Gum		
			A STATE OF THE STA	
	3.8			
and the same of the same			X	
		Same A		
		17 17 17 17		
			XETAUL	



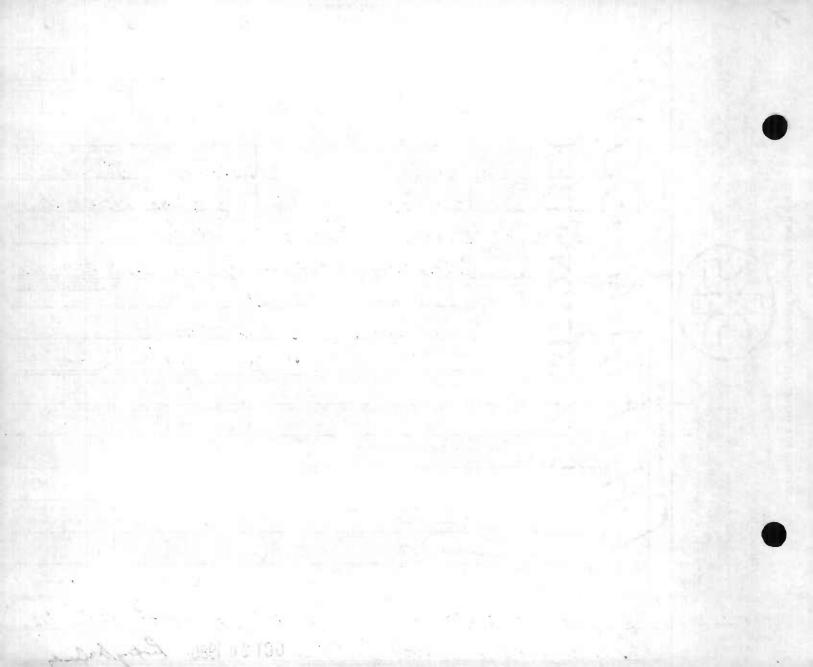
57723	1.	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEAT		26068
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	TH DAY YEAR 26 HOUR
1	(TYPE	CR PRINT) Leah	NMI	Jahnsen	October	11. 1980 8:15Pm
X	3. SE.	Female	4 RACE White	5. DATE OF BIRTH MONTY JULY 13, 191	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
19		RTHPLACE (STATE OR FOREIGN DUNTRY) Well York	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED TO NEVER MARR	BALTIMORE CITY OR CO	DUNTY OF DEATH unty MD.
ou ag-us	(Elkton	11. NAME OF HOSPITAL, NURS JIF NOT IN SUCH FACILITY, GIVE STREE UNION HOSPITAL	of Cecil Count	LITYPE OF WORK FOR MOST OF WOR	RKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY, HOME
aminer mu	130 5	Maryland (ed	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 136 CITY OR TO CIL BENUN	wn 131. INSIDE CITY L	Dams Parine	2
O Calex	14. FA	Fred	MIDDLE Burdo	15 MOTHER'S MA	ia	Lavallie
e me		VAS DECEASED EVER IN U.S. AI	VE WAR OR DATES)	-	ADDRESS	Hook, Pa.
nt, th		No	1009-09	1-3400 Mr. Jan	nes Plummer, 42 Sp.	ruce St. Marcus
itic ever		PART I. DEATH WAS CAUS	nly one cause per line far (a), lb', c ED BY (TE CAUSE (a) (GRD)		10(180)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
al, cremation, or y, or other traum	X. S.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	100 (610+. C. C.	or provinscular Di	sease Sewaysol
iny injury,	NOI			· N 1	THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0)
18 shows a	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORME	D 200 AUTOPSY 200 IN YES □ NO 🖫	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
d or Item 18	-	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	OCCURRED LENTER NATURE OF INJURY IN 11	(EM 18, PART 1 OR PART 2)
marked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21 LOCATION STREET	CITY OR TOWN	COUNTY STATE
т 21 із		22a certify that (I) (this hosp saw the deceased give at	or) view the body after death	30 and that ir (my) (our	9 , to, 1a	nd hour and from the couses stated
with the State Dept.		22b. SIGNATURE	+ Brando)	PHYS	NDING MEDICAL STAFF	DATE SIGNED
should be owith the St		22d PHYSICIAN'S NAME (TYPE	PA Brond	270 ADDRESS	on Nospital El	1ct of
R 3 5	23a E	JURIAL, CREMATION, REMOVAL	23b. DATE 23c	St. Joseph Ceme	MATORY 13d LOCATION CITY OR TOWN HINSdale, (heshire. New Harmon
H-16 25M 15, 4) 1/79	24 FI	INERA DIRECTO	ADDRESS ADDRESS		OCT 1 5 1980	

Ted Dal ROSE OF THE PROPERTY OF THE PR which the state of

/	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6 9
HEALTH DEPT.		Year 2b. HOUR
	(Type or Print)	
AFRICA)	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOLINGED DEAD	1980 N
11 12 12	Male white 4/30/99 PI yrs. MONTHS DAYS HOURS MIN Month Day Ye	1980 81/4 N
P. 22	Jo. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 18 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1100 10 74 11
= - E 635	(duntry) Maryland U.S.A. WIDOWED DIVORCED Cecil Court	t w M
offer death. If offer death If offer death If olong with form with the State Deceth.	10 CITY OR TOWN OF PEATH	IND OF BUSINESS OR
with with	Perry Point 13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	RY
frer Giv	13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY	
000000000000000000000000000000000000000	Dalting YES NO 65/4 Brock /2	· Ve
hours Office	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	last
	Not Known Not Known	
within 24 pencil in xaminer's xaminer's lie pages 72 hours	16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 6514 B	
with with File 1	Ves 100. 7 217 34 9514 ROBERT L. REICH BAILO. MD	21224 APPROXIMATE INTERVAL
N. PRESTON S be executed "pending" in nief Medicol Es ansit permit. Fi event within	18. CAUSE OF DEATH (Enter daily due cause per line for (d), (b), and (c).)	ETWEEN ONSET AND DEATH
RESTON Executed Inding" in Medical permit.	PART I. DEATH WAS CAUSED BY: Shock, profound DUE TO, OR AS A CONSEQUENCE OF	day
N. PRESTON be executed "pending" in nief Medicol E ansit permit. F event within	(anditions if any which cave)	day
d b Ghie Ghie A K	rise to immediate cause (a), stating the underlying cause (DuE TO, OR AS A CONSEQUENCE OF	
S, 301 W. PRESTON STREET, should be executed within the word "pending" in pencil to the Chief Medical Examine burial-transit permit. File pagin any event within 72 hou		day
> -	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
VITAL RECORDS, This certificate state, writing the be forworded to be used as a br r removal, and it	Chronic Brain Syndrouse	
: VITAL REC(This certificate, writin be forword		20. AUTOPSY?
his cate, ee for be uremreement	WAS FERFORMED!	YES NO
	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.)	
EXAMINER: T EXAMINER: T ute the certification of the should by your files. Whould by gong 3 should cremotion, or	E CAUSE OF DEATH 400 CB 10/2(1980 1-0/1	
	wants nor wants foctory office building etc.)	
DIVIS L EXAM ecute th Page 4 or your R: Page ol, crem		
		ond in my opinion
MEDICA pleose edirector director retained DIRECT	death resulted from: Noturol couses, Accident 💢, Suicide, Homicide, Undetermined monner	
TY MEDIC Y, pleose stol directo be retained KAL DIREC prior to bu	ACTUAL SIGNATURE CHEF MEDICAL EXAMINER (22b. DATE SIGNED	
JTY TY, erol be be pric	SIGNATURE	150
O DEPUTY MEDICA necessory, pleose ex the funerol director. 5 may be retained if 5 FUNERAL DIRECTO	NAME (Type) ADDRESS(Street, city, tawn, ar caunty)	
TO DEPU necesso the fun 5 moy TO FUNE Health	23a. BURIAL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	
1.11	REMOVAL (Specify) Cremation 10/24/80 Westview Mem. Park Baltimore	MD
269 OR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAP 255 REGISTRAPS	Starty
10M · 1/69	Duda-Ruck Funeral Home 7922 Wise Ave. Balt. MD 21222 1300	3 / 1

MANUFACTURE STATEMENT OF THE OWNER. and distraction and

2/		To the second of the	STATE OF MARYLAND	
3	-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	reig 0 2 6 0 7 0
		I. DECEASED NAME FIR		20. DATE OF DEATH MONTH DAY YEAR 25. HOUR
pe A	969	(TYPE OR PRINT)	twin T Mª Dowell	10/16/80 1125 m
4 moy		3. SEX	4 RACE S. DATE OF BIRTH	6 AGE (IN YEAR SLAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
9600	irectar urs afi	male	Cauc. 12 31 95	84 YRS
deoth. P	funeral dir	70 BIRTHPLACE ISTATE OR FOREIGH	MARRIED NEVER MARRIED L	BALTIMORE CITY OR COUNTY OF DEATH MD.
ě	9 9//	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION (Type OF WORK FOR MOST OF WORKING LIFE) 125. KIND OF BUSINESS OR
21201 hours off	- 0 / D	EIKTON	MINION HOSPITAL	Laborer Xlastics
2 6	1 P	136 Md	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Beach Rd.
MARYLAP led within		14 FATHER'S NAME	MIDDLE MI DOWE 1 EMMA C	JAME JAMIDDLE LAST
YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES! 9/2-16-1314 Ethel & Brown FIX				
	hysicic sopera avol. int, the	PART I. DEATH WAS C		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (6) CANCEL TO THE TOTAL ACCUSED FOR AS A CONSEQUENCE OF				
. PR	the re-		DUE TO, OR AS A CONSEQUENCE OF A 1 2 1 1 1	elintol: Con
301	0 - S - S	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 10
ORD:		OIL		
AL RECC	hos be permenent program	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
OF VIT	certificate brighten in certificate brial-transit tental Hygie them 18 sho	210. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.M. MONTH DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION OF VITAL RECORDS,	o A bu	216. INJURY OCCURRED	21e. PLACE OF INJURY 21f. LOCATION	CITY OR TOWN COUNTY STATE
o NIO			hospital) attended the deceased from 10 19 80	3 to 6 - 18 19 - 6 that (I) (we) lost
D D D D D D D D D D D D D D D D D D D	pritol for us of He 21 is	sow the deceased oli above, (1) (we) (did) (d	1 / 272	n death occurred on the date and hour and from the causes stoted
02	Dine ho	22h SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
HOSPITA	D A Son T	22d PHYSICIAN'S NAME	TYPE OR PRINT) 22e. ADDRESS	
5	TO FUN should be with the IMPORT	23a. BURIAL, CREMATION, REM		. High St. Elkton, led 21921
	BP	(SPECIFY) BOYla	1 VO-21-80 North Fasti Me	the North East Cecil med.
	- 16 60M 7/73 R A 15 (4))	24. FUNERAL DIRECTOR		TE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

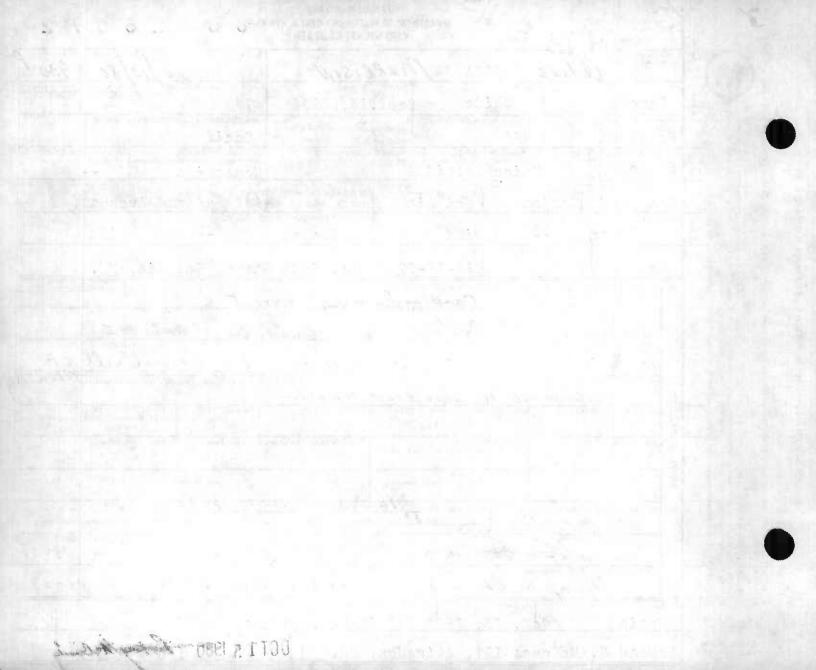


			STÄTE OF MARYLAND	63 14	er e. dang
1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERFIFICATE OF DEATH	para	60/1
1. [DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	TH DAY YEAR 26. HOUR
5	JOSEP	H V.	MORGADO	October	14 80 1:55
3. 5	SEX	4 RACE	5. DATE OF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN
7.	BIRTHPLACE ISTATE OR FOREIGN	White	Dec. 5, 1931	48	YRS.
17	COUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED	^	
2/ 10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS C
13 8	erry Boint	(IF NOT IN SUCH FACILITY, GIVE STRE	er Perry Point, M	(TYPE OF WORK FOR MOST OF WOR	INDUSTRY INDUSTRY
US 130	SUAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEF	DRE ADMISSION)		
2/	N.J. VB	ergen Jecauc		130. STREET ADBRESS	on Plank Road
14.	FATHER'S NAME	MIDDLE AL LAST	15 MOTHER'S MAIDEN N.	AME MIDDLE	LAST
d	Manuel	Mongade			Caputo
7 160		E WAR OR DATES)		ADDRESS	, ,
7=	Jen 1793	2-52 140 24	7001 1 0	, Perry Point,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	0 3 -	ac Arrest		BETWEEN ONSFT AND DEATH
	4149 IMMEDIA	TE CAUSE (0)			
	Conditions, of ony, which		Heart Disease		
	gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQ			
	underlying couse lost.	(c)			
:		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIC	ON GIVEN IN PART 1101
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		. IF YES, WERE FINDINGS USED
FIE				YEST NO	CERTIFYING CAUSES OF DEATH? YES \(\square\) NO \(\square\)
Call	OR CONTRIBUTING TO CAUSE OF DE		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19		
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		N 10 10 10 10 10 10 10 10 10 10 10 10 10	3-11 10 75	to 10–14	00
	sow the deceased alive on	itol) ottended the deceased from 10-14-	00		, 19 <u>80</u> , that (I) (we) lo nd hour and from the causes stated
- 11	22b. SIGNATURE	view the body ofter death.	DEGREE		22c. DATE SIGNED
	Rould c	Tremet /	ATTENDING PHYSICIAN	MEDICAL STAFF	□ 10-14-80
T	224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS		1 10 14 00
1	ROY W. CHESI	NUT. M.D.	VAMC Perr	y Point, Md. 2	1902
230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	D Burial 11	Uct 18, 1980	Holy Copes Cometer	" Arlington, B	ergen. New Jersey
n	PONERNE DIRECTOR PETRY	The second second second second second	Secanous N.I.	Arlington, B BEREC'D. BY REGISTRAR 256. F ICT 22 1980	ergen. New Jersey

		4 III		
Nat 68 At gadoso0	00,63,00		E00	τ,
	EU,	o		5 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2340)	×		Maria N.	e M
Wall of the state	ne film. our			
With a south the same		רב וובי	d = 10.	
0	Lancida St.	0 +		Jan
and the state of t				100
	Tionner .	Cerceary Year		
10-17	75	7.5-P, 9-5.R	ant appe	
8-41-01				
Point, 7d. 21902	VAME, Permy		Carring, II.	. H YOR
The state of the s	in the second	nuoos, u j. u	on villa	

3	F7)	1-	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 O	260	72
	77		CASED NAME OF FIRST OR PRINT)	MIDDLE SARAH	MOR	RISON	26. DATE OF DEATH	MONTH DAY YEAR 10 13 80	30 HOUR
age 4 ma rect rs a	ألاند		emale	White		OF BIRTH 1 4 , DAY 1 9 0 4 4 7	6. AGE (IN YEARS LAST BIR	THOAY OF UNDER LYEAR MONTHS DAYS	
neral di n 72 hou tified at	35	Mo	RTHPLACE (STATE OR FOREIGN DUNTRY) LTYLand	USA	WIDOW		Cecil	OR COUNTY OF DEATH	MD
by the fued within	61	El	ty or town of death Lkton	11. NAME OF HOSPITAL, N IN NOT IN SUCH FACILITY, GIVE UNION HOSPI	street ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUS EWIF	OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
filled in ould be fill	35	Mo		rother institution, give residence NTY 13c. CITY OR Bel		YES 🐼 NO	V.	ord Avenue	
ompletely and 2 sho	20		THER'S NAME FIRST ISaac -	MIDDLE WILT	r	Is MOTHER'S MAIDEN NAM	MIDDLE	wilt	.ST
an and co	2	()	AS DECEASED EVER IN U.S. AI es, no or unknown! (IF yes, Gr O	E WAR OR DATES!	4-5726	Mrs. Ruth 1	Brown, Be	l Air, Md.	
e death certific trending physic e carbon paper tion, or remova traumatic eve			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI LIMMEDIA Conditions, if any, which	ED BY	digpuln	uongry ex	rest	ainte m I	XMATE INTERVAL LONSET AND DEATH
ned by the a please removerial, crema			gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS	abeter	mellitur	trans:1	tional cell	2 ch
w req en sig Then r to b		NO	chri			t infection	INAL DISEASE OR CON	TOTAL ON THE PART I	(3)
te has be permit. Jiene price 3 shows a	9	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES	INGS USED S OF DEATH? NO
physician scertifica al-transit ental Hyg rr Item 18	9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR AM. MONTH	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART 2]	
After this the and Marked of	(MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
spital or all RECTOR: I for use as it. of Health				113 -17	19 88	nd that in (my) (our) opinion o	deoth occurred on the d		
State Dep			226 SIGNATURE	Den.	24	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF _ /A	- 19 - 82
TO FUNE should be with the \$			Hyung	w. oh. m.	_	123 4.1	0 /	ton lud.	2/92/
BP		E	URIAL, CREMATION, REMOVAL PECIFY) BUTIAL (INERAL DIRECTOR			cemetery or crematory ir Mem. Garde	23d LOCATION CITY OF TOWN END BULA. EREC'D BY REGISTRAR		d Md.
DHMH-16 25N (VRA 15, 4) 1/			ward K. McCo	omas III, Ab	ingdon		T1 5 1980	hopy to	and .

STATE OF MARYLAND



atterson & Son Funeral Home, Perryville, Md

FOR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIERS

HOURS

STATE

men alect st cadeano		1 181	ratio
	501,11	2	
Jianj	/>	8/19/24	* C. Year
rn'vio.	Parry Point, 34	reinel Certes AV-	· energia
Will according, volume 3		. r	
A WWA	simin 1	e de la companya de l	
ales, in the second	o lio'et who		
	salina erosatina		
	PROFIT FRANKS	was a fried	
	na de candil veza	dignatio	
	pageatG where	in Contractive Pub	neg/5
The state of the s	igone 25 - 25 Liver as consider		
restriction of the second	100 L		ALC:

STATE OF MARYLAND

E. and and the state of 1.31 to a maint year. striuling mailtis an re 1 - 1-20 mm. 1. mm. 1. mm. Los the del tellon to he lyer on niber Co-1-4 molf mel CARL AND CHARLES AND CONTRACT TO SEE THE SECOND CONTRACT OF THE SECO

STAR THE STATE OF predant call call the state of distant lesson - Contract

The state of the s

					STATE OF M	AKTLAND			
	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF HEALTH CERTIFICATE	AND MENTAL HY OF DEATH	GIENES O	260	1 6
開周		CEASED NAME FIR	ST	MIDDLE	LAST		20. DATE OF DEATH		2h. HOUF
MAI)	(III)	E OR PRINT!	24	Pusey	Roga	215	October	1. 1980	
	3 SE	X	4 RACE	9 4 5 4 9	S. DATE OF BIRTH		& AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	AR IF UNDER 2
nce.	1	Male	White		February	23. 1920	60	YRS.	S HOURS
0	7a. B	IRTHPLACE (STATE OR FOREIGH		WHAT COUNTRY?	1 _			R COUNTY OF DEATH	
fied (3	OUNTRY) Pennsvlvania	us	Δ.	WIDOWED N	DIVORCED	Cecil		
Tou.		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OR OTHE		12ª USUAL OCCUPATION		OF BUSINE
201		Elkton		on Hospit			Heavy Equip		
THE STATE OF	USU	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE	E ADMISSIONI			mene dpera	COI
J. Se	1				154	SIDE CITY LIMITS?	134 STREET ADDRESS	rowly Bond	
Carrie		ryland ATHER'S NAME	Cecil	Elkton	YES	THER'S MAIDEN N		gerly Road	
- T	1	FIRST	WIDDLE	LAST	II MC	FIRST	WIDDLE		LAST
EJ IU	4	John	L.	Rogers		Florence		Chap	man
E a		WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S ARMED FORCES?	166 SOCIAL SECU	200	ORMANT	ADDRE		
event, the		No		218-03-5	081 M	s. Anna M	1. Rogers, E	lkton, Md.	
al, cremat		Conditions, if any, whi gave rise to immedia cause (a), stating t underlying cause lo	he DUE TO. C	DR AS A CONSEQUE	ENCE OF ENCE OF molena	cand'al	infaction	liciena	
ior to burial, cr.	TION	gave rise ta immedia cause (a), stating t underlying cause la PART 2 OTHER SIGNIFIC	DUE TO, C	OR AS A CONSEQUE	ente my		MINAL DISEASE OR COM		
shows any injury, or	RIFICATION	gave rise to immedia cause (a), stating t underlying cause la	DUE TO, C	OR AS A CONSEQUE	ente my				DINGS USED
Item 18 shows any injury, or	CAL CERTIFICATION	gave rise ta immedia cause (a), stating t underlying cause la PART 2 OTHER SIGNIFIC	DUE TO, C St. (c) ANT CONDITIONS C 196 CONE NG	OR AS A CONSEQUE	ENCE OF TOTAL OPERATION WAS	PERFORMED	MINAL DISEASE OR COM	206. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATI
rior to burial, cr	MEDICAL CERTIFICATION	gave rise to immedia cause (a), stating to underlying cause lo PART 2 OTHER SIGNIFIC 198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING CAUSE	DUE TO, C St. ANT CONDITIONS C 196 CONE OF DEATH MINER) 216 PLACE	OR AS A CONSEQUE ONTRIBUTING TO E DITION FOR WHICH OF INJURY M. MONTH DA	OPERATION WAS	PERFORMED	Z00 AUTOPSY? YES NO 128	206. IF YES, WERE FINE IN CERTIFYING CAUS YES YIN ITEM 18, PART I OR PART 2	DINGS USED ES OF DEAT NO
the State Dept. of Health and Mental Hygiene prior to burial, or NTANT: If Item 21 is marked or Item 18 shows any injury, or		gave rise to immedic couse (a), stating to underlying couse to PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA. 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXA.	DUE TO, C st. (c) ANT CONDITIONS C 196 CONE 196 CONE 197 CONE 198 CONE	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH DE INJURY .M. MONTH DA M. OF INJURY TREET, FACTORY, OFFICE, F the deceased from 19	OPERATION WAS AY YEAR 19 ARM, ETC.) 211 LC BB , and that i DEGREE	PERFORMED OW INJURY OCCUP OCATION STREET (my) (gur) apinion ATTENDING PHYSICIAN DDRESS	THE DIRECTOR DESCRIPTION OF TH	206. IF YES, WERE FINI IN CERTIFYING CAUS YES YES YOUNTY COUNTY 19 21c. DA FINI	ST., that (1) (vice causes stated of 1/80
the State Dept. or health and wental Hygiene prior to burial, or DRTANT: If Item 21 is marked or Item 18 shows any injury, or	WEDICAL	gave rise to immedia cause (a), stating to underlying cause to underlying cause to PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (#ETIMER, NOTHY MEDICAL EXA 214. INJURY OCCURRED AT WORK AT WORK 220-1 certify that (1) (this sow the deceased all above. (1) (we) (did) (c 22b. SIGNATURE 22d. PHYSICIAN'S NAME (ANT CONDITIONS C IC) ANT CONDITIONS C 196 COND 196 COND 197 CONDITIONS C 198 COND 198 CON	OR AS A CONSEQUE ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTION FOR WHICH OF INJURY IREET, FACTORY, OFFICE, F the deceased from y ofter death.	OPERATION WAS AY YEAR 19 ARM, ETC.) 211 LC DEGREE	PERFORMED OW INJURY OCCUP OCATION STREET (my) (aur) apinion ATTENDING PHYSICIAN DDRESS	TO TO TO THE PHYSIC LOCATION	206. IF YES, WERE FINI IN CERTIFYING CAUS YES YES YES YES TO COUNTY TO COUNTY THE AND THE TRANSPORT TO T	or the causes sto 0/1/80
Dept. of Health and Mental Hygiene prior to burial, criticities of them 21 is marked or Item 18 shows any injury, or	WEDICAL	gave rise to immedic couse (a), stating to underlying couse to part 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (# EITHER, NOTHY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK AT WORK 120-1 certify that (1) (this saw the deceased all obove, (1) (we) (did) (c) 22b. SIGNATURE 122d. PHYSICIAN'S NAME (1)	ANT CONDITIONS C IC) ANT CONDITIONS C 196 COND 196 COND 197 CONDITIONS C 198 COND 198 CON	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH DF INJURY A.M. MONTH DA A.M. OF INJURY IRRET, FACTORY, OFFICE, F the deceased from y after death.	OPERATION WAS AY YEAR 19 ANM. ETC.) 211 CO DEGREE NAME OF CEMETER	PERFORMED OW INJURY OCCUP DEATION STREET I 19 0 0 In (my) (aur) apinion ATTENDING PHYSICIAN DDRESS Z Z J W. IY OR CREMATORY	THE DIRECTOR DIRECTOR OF INJURAL DIRECTOR DIRECT	206. IF YES, WERE FINI IN CERTIFYING CAUS YES YES YES TO COUNTY THE AND TH	STA

0801 .1 mmssa intend Color Monor Monor Monor and Monor Sentiment Conceptor (hogst ligo) hartyg (opera | Normana | 28/1/01-10/3/20 Therry [11] Schodisticcotter, Joury 211, 34

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 hours oft with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR		DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	0	2	6	Û	7
REGISTRAR					REG. I	VO.			
DECEASED NAME	FIRST	MIDDLE	IAST	20 DATE	OF DEATH	MONTH	DAY	YEAR	26

		REGIOTRAK					REG. NO	O.			
		CEASED NAME FIRST	MIDDLE	01.1	AST			MONTH	DAY YEAR	2b. HQ	UR
		Alice	3 0	Still	vell		10/22/9	50		84	PM
	3. SE	X	4 RACE	5 DATE O			& AGE (IN YEARS LAST BIRTI	HDAY)	IF UNDER 1 YE		R 24 HRS
		Female	Caucasian	MONTH	39	1901	78	YRS	MONTHS DAY	S HOURS	MIN
50		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVERMA	00150	9 BALTIMORE CITY O	R COUNT	OF DEATH		
50	L	MD	45H	WIDOWE		RCED	Cecil	/			MD.
0	10 C	TTY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		R OTHER INSTITU	NOITU	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF			OF BUSIN	IESS OR
ē//		Elkton	Cenion Hosp	ital of	Cecil C	ounty	Howewife		Hor	YE	
g on	USU 13e.	AL RESIDENCE (IF NURSING HOME OF			134 INSIDE CITY	LIMITS?	13e. STREET ADDRESS				
	1	naryland Ce	1 1			0 🖼		LUEI	27 /	ROAL	>
- 7/	14. F/	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S M	AIDEN NAM	AE MIDDLE			IAST	
8/6	6	RAMUILLE	PIERC	E	MA	ARY	JAME		ELY		
dico		WAS DECEASED EVER IN U.S. AR	E WAR OR DATEST	CURITY NO.	17 INFORMANT	DIA	ADDRE	SS	,		
e /		40	212-50	-2245	daug kh	y W.	FITE R	15/14		11 1	110
ŧ,		18 CAUSE OF DEATH (Enter on	nly ane cause per line for (a), (b),	and (c'.)					APPR BETWE	OXIMATE INT	RVAL D DEATH
even		PART I. DEATH WAS CAUSE IMMEDIA		nery	Empol	15 m			1	5 miz	2
ofic		4151	DUE TO, OR AS A CONSEC	DUENCE OF							
E 50		Canditions, if any, which	(b)								
t -		gave rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEC	UENCE OF							
r other		underlying cause last.	(c)								
٧,	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART	I (a)	
Ē_	CERTIFICATION	Severe general			T decei						
00 5	Ş	198 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	N WAS PERFORM	NED	200 AUTOPSY?		S, WERE FINI FYING CAUS		
èZ.	Ē				T		YES NO		S 🗌	NO	
0 9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THOUSE S. A. MONITH	DAY YEAR	71c HOW INJU	RY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, I	PART 1 OR PART 2	1	
Hem 18	Z V	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
ŏ	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	'N	COUNTY		STATE
morked		AT WORK AT WORK				4 -		_			
€			ital) attended the deceased from	-		19_80	, to		19 26	, that (I)	
m 21			view the body ofter death.			er) opinion a	eoth occurred on the do	ite and hou			
₩ ₩em		226. SIGNATURE	1 1 .		DEGREE	ENDING	MEDICAL STAF	F	22c. DA	TE SIGNED	1
	1	22d. PHYSICIAN'S NAME (TYPE O	thenstown	7		YSICIAN 🔄			24	Oct.	80
ATA /		44	R PRINT)		0	.11.	/				
MPORTANT.		Wallace	Openshain	Jm D.		cilt	n, mr.				
		BURIAL, CREMATION, REMOVAL		NAME OF CI	EMETERY OR CRE	MATORY	23d. LOCATION CITY OF TOWN		COUNTY	S	TATE
-	24.5	BURIAL	10-76-80 1	COSE 1	BANK	96- 0	CALUEI	7700	ECIL	147	
0M	74 F	UNERAL DIRECTOR LEAD	1 deced ADDRESS/	1615111	SOM	250. DAG	T28 1980"	738. 186615	AAR'S SIL	Chand	7
7/7B	1 1/	T . M D () &	a 1 m B A 1 . 1/1	4.00	41111						

CH

HOME

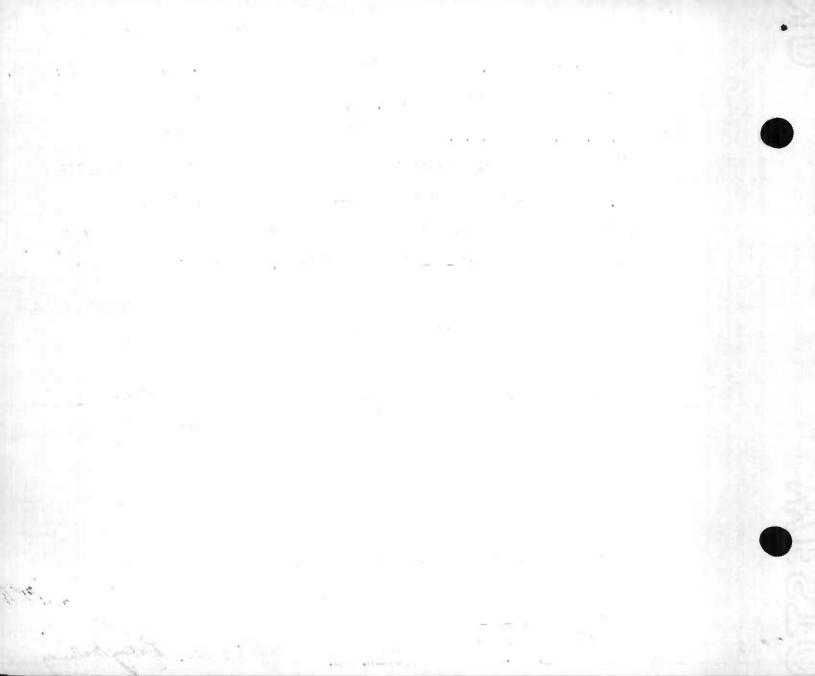
DHMH-16 20M (VRA 15, 4) 7/78

BP.

Remark And the State of the state of the 1 make S. 100 F. A been and the comment of the same and the second of the second s

A THE RESERVE TO STREET STREET ramet resitated sense of the sense of the sense of France Court - The Court and Court Ville Court Est Court on - Into Tenent Leterale Co. Castian Memoria TeV - TeV [enial Langeth Lois Yes Tist yar Mislosia Suntal S. Tets-Pather 729 Bent Bart er espaid and Hour W. Hoshtel, Farr our, Buccala., D rorulan. Veget to a street of the stree AND THE RESIDENCE OF THE PARTY OF THE PARTY

	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENT/ CERTIFICATE OF DEATH		26079
ω£	1. DEC	CEASED NAME GENEVICE	ve S.	Weglarz	20. DATE OF DEATH MONTH	
director, page house offer deal	3. SEX	Female	* RACE White	5. DATE OF BIRTH Dec. 20, DAY 1922	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS MI
n 72	10. BIR	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR		BALTIMORE CITY OR CO	UNTY OF DEATH
by the	10 CI1	Elkton	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION OF ADDINESS!	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK JENERAL	125. KIND OF BUSINESS INDUSTRY
filled in	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF TATE	OTHER INSTITUTION, GIVE RESIDENCE BEF JEV 13c. CITY OR JO COLUMN 13c. CITY OR JO	FORE ADMISSION 13d INSIDE CITY LIM RESIDE NO [1/1/1/	Lane
completely 1 and 2 sh	14. FA	THER'S NAME LOUIS	MODIE De Gasperi	in 15 MOTHER'S MAID	ena midale	Pesa
physician and co propers. Pages I emoval.	16e W (Y	AS DECEASED EVER IN U.S. ARES, NO OR UNKNOWN] (IF YES, GIVE	MED FORCES? 166 SOCIAL SE 235-38-	CURITY NO. 17 INFORMANT -7525 Bronislan	v M. Weglarz 209 L	anding Lane
been signed by the attendin mit. Then please remove corb prior to burol, cremation, or ony injury, or other troumotic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to!, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO		TE TERMINAL DISEASE OR CONDITION	ONGEDEN UP A EAST
hysicion. ricate hos ronsit per Hygiene 18 shows	CERTIFIC	2)a. ACCIDENT WAS UNDERLYING		21c HOW INJURY (YES NO XX	CERTIFYING CAUSES OF DEATH? YES NO EM 18, PART I OR PART 2
G PHYSICIA offending ph er this certifi the buriol-tr ond Mentol ked or Item	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 710 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 21t LOCATION	CITY OF TOWN	COUNTY STATE
hospital hospital siRECTOR hed for us tept. of He hem 21 is		220.1 certify that (I) this hospit sow the deceosed alive an above, (I) (we) (did) (did not 22b. SIGNATURE	to) ottended the deceosed from 19	DEGREE	ppinion death occurred on the date on	224. DATE SIGNED
retained by the TO FUNERAL DI should be detail with the Store DI IMPORTANT: If I		724. PHYSICIAN'S NAME (TYPE OF	Printi Of Bran	ATTEND PHYSIC	DING MEDICAL STAFF	6 1 K + 2 7
of Odd to						



ALL CITE OF SECOND CONTROL OF
The grant of the same of the same tenther and the s
A SECTION OF THE PROPERTY OF THE PARTY OF TH
nicus op blentseink
emeant strength of the streets of the streets of the streets and the streets